PTO/SB/07 (08-03)
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## Filing Date MULTIPLE DEPENDENT CLAIM **FEE CALCULATION SHEET** Substitute for Form PTO-1360 (For use with Form PTO/SB/06) May be used for additional claims or amendments CLAIMS AS FILED AFTER FIRST AFTER SECOND AMENDMENT AMENDMENT Indep Depend Indep Depend Indep Depend Depend Indep Indep Indep Depend Depend 101 10 2 52 10 3 | 53 10 4 154 105 155 10 6 **)** 56 107 į 57 **10** 8 158 109 110 759 60 / 11 / 12 61 7 62 163 **/** 13 1 14 **1**64 / 15 65 Ī 66 / 16 / 17 67 / 18 / 68 / 19 120 170 121 171 /22 **]**72 123 173 /24 174 25 175 **/** 76 26 127 / 28 178 29 **]**79 /30 31 **/**81 **/**82 132 183 133 134 84 85 /35 136 86 137 187 138 **/** 88 /89 /90 (39 140 141 7.91 142 /92 [43 /93 44 194 145 195 146 196 147 197 148 198 49 199 150 **Q**00 Total Total Indep Indep Totat Total Depend Depend Total Total Claims

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